CHILD AND ADULT CARE FOOD PROGRAM
CENTER INFORMATION FORM

Total number of participants enrolled at centers under your administration:

(a) Free Category	(b) Reduced-Price Category	(c) Paid Category (Not eligible for Free or Reduced-Price Category)	(d) Total Number of CACFP Participants (a+b+c)	(e) Enrolled at Center, but not Eligible to Participate in the CACFP	(f) Total Licensed Capacity	Institution Name: _____ Institution No.: _____
_____	_____	_____	_____	_____	_____	

DAY CARE CENTER	Circle meal types to be claimed and source of meals. Indicate times meals are served.			Enrollment (Give total center enrollment at the time of application)				Licensed Capacity	Age Range	License Date Issuance and Expiration
	Meal Type	✳ Source of Meals	Time Served	Free	Reduced-Price	Paid	Total			
_____ Center Name _____ Address _____ City/Zip Code _____ County _____ Area Code and Phone Number _____ ●Type of Center (see below)	Breakfast AM Snack Lunch PM Snack Supper	S **or** V S **or** V S **or** V S **or** V S **or** V								
_____ Center Name _____ Address _____ City/Zip Code _____ County _____ Area Code and Phone Number _____ ●Type of Center (see below)	Breakfast AM Snack Lunch PM Snack Supper	S **or** V S **or** V S **or** V S **or** V S **or** V								

✳ Source of Meals - Circle "S" for self-prep or "V" for vended meals.

● Type of Center:

    Adult Day Care - Medical Day Care, Psychiatric Rehabilitation Program, Senior Center Plus, Day Habilitation, or approved Vocational Child Care - Regular Day Care, Head Start, Military, or Before/After-School

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